

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/806291

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		(1)				
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TOTAL IND.	2					
TOTAL DEP.	31	←	↓	←	↓	←
TOTAL CLAIMS	33	████████	████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←	↓	←	↓	←
TOTAL CLAIMS		████████	████████	████████	████████	████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS